FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

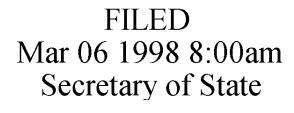
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

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(4)



ALLER O, INC	GY-IMMUNOLOGY RESEA	RCH FOUNDATION OF C	DRLAND		i 878/1 918/1 919/1 919/1 919/1 919/1
Principal Plac	ce of Business	Mailing Address		T (DOUGH SOER) DIGHT BOOK (1811 ESDOY 119E DIEN	i Bidit Gibit Didit Bibit (1911 (1991)
303 E. PAR STREET ORLANDO FL 32804 ORLANDO FL 32804 ORLANDO FL 32804			3. Date Incorporated or Qualified 09/16/1977 4. FEI Number	Applied For	
2. Principal F	Place of Business	2a. Mailing Address		59-1789066	Not Applicable
21 26			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt. #, etc. Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be	
27			Trust Fund Contribution	Added to Fees	
I City & State I City & State		City & State		7. Is this nonprofit corporation a homeowners association?	
23 28 7		Yes No			
Zip 24	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 9. Name and Address of Curr		30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
		ant tragillator regular	81 Name	10. Hallie Bild Addises of New Hegister	A Agent
KLOTZ, SOLOMON D			00 00		
303 E PAR ST			82 Street Add	ress (P.O. Box Number is Not Acceptable)	i
	O FL 32804		83	· · · · · · · · · · · · · · · · · · ·	
			84 City		
				F	85 Zip Code
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose	of changing its registered
agent. I a	im familiar with, and accept the ob	igations of, Section 617.0503, Flor	utilorized by the corporal rida Statutes.	tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE					1
12,	Signature, typed or printed name of registered		Registered Agent signature requi		
TITLE	D OFFICERS F	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	KLOTZ, SOLOMON D.		1.2 NAME		C Sharife C Working 1
STREET ADDRESS	3206 MIDDLESEX		1.3 STREET ADDRESS		}
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCSWAIN, IRVIN		2.2 NAME	•	
STREET ADDRESS	2255 SMILEY AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		2. 4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	WEST, BETTY		3.2 NAME		
STREET ADDRESS	303 E PAR ST		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ORLANDO FL	☐ DELETE	3.4. CITY-ST-ZIP		Ohanna Danier
NAME			4.1 TITLE		Change Addition
STREET ADDRESS			4.2 NAME		
			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETÉ	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		_ onango _ nounton
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME .			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 City-St-ZIP		

14. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.

CICALATURE.

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3R2E037 (10/97)